

APPLICATION ORGANIC HANDLER CERTIFICATION

4102

NOTE: The entire certification process takes approximately 90-120 days.

CONTACT PERSON					
BUSINESS NAME					
MAILING ADDRESS					
CITY		STATE		ZIP	
PRIMARY PHONE NUMBER		ALTERNATE PHONE NU		MBER	
FAX NUMBER		EMAIL ADDRESS			
PHYSICAL LOCATION OF FACILITY (A separate application is needed for each facility.) COUNTY					
, , , , , ,					
CITY	STA		TE	PHONE	
Application Fees		•		·	
• •	_		_		_
Gross Revenue Fee Gross R \$0- \$50,000 \$200 \$750,001- \$50,001- \$75,000 \$250 \$1,000,001- \$75,001- \$100,000 \$330 \$1,250,001- \$100,001- \$200,000 \$440 \$1,500,001- \$200,001- \$300,000 \$550 \$2,000,001- \$300,001- \$400,000 \$660 \$2,500,001- \$400,001- \$500,000 \$770 \$3,000,001- \$500,001- \$750,000 \$990 \$4,000,001- Application fees are based on an estimate of the cuorganic products. Please find your fee in the table and the products. \$100,000	\$1,000 \$1,250 \$1,500 \$2,000 \$2,500 \$3,000 \$4,000 \$5,000	,000 ,000 ,000 ,000 ,000 ,000 ,000			0,000 \$6,600 0,000 \$7,700 0,000 \$8,800 0,000 \$9.900 \$11,000
Estimated calendar year gross revenue (sales Application Fee:					
and/or service fees) of organic products.			+ "New Applicant" Fee: (non-refundable) \$100		\$100
\$ <u></u>			= Total F	Fee Enclosed	
Agreement [The person signing the application must be authorized to represent the firm.]					
			·	-	
I (We) [Business Name] depose and say that I (we) will fully comply with the statute and rules for the handling of organic products at this facility.					
Signature of Representative Date					
Print Name Title					
SEND APPLICATION AND FEE TO:	Checks returned by the bank will be charged a handling fee of \$25.00				
Washington State Dept of Agriculture	(RCW 62A.3.51(a) and 62A.3.520) Note: All business related information submitted or collected is confidential				
PO Box 42591 Olympia WA 98504-2591	and exempt from public inspection and copying (RCW 15.86.110)				